Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

v6.0.0d

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

http://lobbyingdisclosure.house.gov http://www.senate.gov/lobby

LOBBYING REGISTRATION

Lobbying Disclosure	Act of 1995 (Section 4)				
<u>Check One:</u> New Regis	trant New Client for Existing R	egistrant	nent		
			1. E	ffective Date of Registr	ration <u>04/11/2008</u>
2. House Identification			Sena	ate Identification	40036299
REGISTRANT	✓ Organization/Lobbying Firm	Self Employed Ir	dividual		
3. Registrant Autism S	Speaks				
Address 2 Park Av	enue, 11th Floor	Addres	s2		
City New York		State	NY	Zip 10016 -	Country USA
4. Principal place of busing	iness (if different than line 3)			_	
City		State		Zip -	Country
5. Contact name and tele	phone number		nal Number		
Contact Stuart Spie	elman Tel	ephone (703) 46	5-0940	E-mail sspielman	@autismspeaks.org
	f registrant's business or activit			<u> </u>	
Individual and Fa	_				
CEILIT	ying Firm is required to file a separate		ent. Organiz	ations employing in-house lo	bbyists should check the box
		X Self			
	m Speaks				
Address					
City		State		Zip	Country
8. Principal place of busi	iness (if different than line 7)				
City		State			Country
9. General description of	client's business or activities				
LOBBYISTS					
	ual who has acted or is expecte	•			• 1
	a "covered executive branch of the client, state the executive ar				
acting as a lobbylist for th	Name			Covered Official Position (if ap	
First		Suffix			
Elizabeth	Emken				
Stuart	Spielman				

Page <u>1</u> of <u>2</u>

1. General lobbying issu							
	ie areas (Select all appli	cable codes).					
SUD TAX	HCR	<u> </u>					
	ues (current and anticipations relating to autism rese						
FFILIATED O	RGANIZATION	S					
		ntributes more than \$5,000 to the lobes in and/or in whole or in major part p			t's		
No> Go to	line 14.	Yes> Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.					
ternet Address:							
Name	Street	Address	Pri	ncipal Place of Business			
	City	State/Province Zip Code	Country City				
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a) holds at leas b) directly or in the client or an c) is an affiliate lobbying activit	t 20% equitable ownersh ndirectly, in whole or in y organization identified e of the client or any org	hip in the client or any organization i major part, plans, supervises, control on line 13; or ganization identified on line 13 and had been supervised. Yes> Complete the rest of the criteria above, then sign	ls, directs, finances as a direct interest i of this section for e	or subsidizes activities in the outcome of the	es of		
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Autism Speaks

Client Name

Autism Speaks

Registrant